

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

43941

State File No.

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 2461

1. PLACE OF DEATH:

(a) County St. Louis County
(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Veterans Administration Facility
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Admitted 12/21/40
(Specify whether:
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Claud Holly

3. (b) If veteran, name was World War I 3. (c) Social Security No. None, not remembered

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Emma 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased January 4, 1874
(Month) (Day) (Year)

8. AGE: Years 66 Months 11 Days 22 If less than one day
hr. min.

9. Birthplace Springfield Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Watchman

11. Industry or business _____

12. Name Unknown

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant M. Schell

(b) Address Clinical Clerk, VAF, Jeff. Bks., Mo.

17. (a) Burial (b) Date thereof 12 28-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation National Cemetery

18. (a) Signature of funeral director Henry Linder U. Co

(b) Address 2223 St. Louis Ave.

19. (a) DEC 27 1940 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4212 DeSoto Street
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 26th
year 1940 hour 1:15 minute a. M.

21. I hereby certify that I attended the deceased from
December 21, 1940 to December 26, 1940
that I last saw him alive on December 26, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death
Pneumonia, bronchial, right base, with acute pleurisy and effusion.

Due to _____
Due to 1070

Other conditions None.
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy No autopsy.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? Yes (Specify type of place) _____
(e) Means of injury _____

23. Signature C. W. HUGHES, M.D. (M. D. or other) _____

Address Chief Medical Officer Date signed 12/26/40

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Homer L. Ponder

Licensed Embalmer No. *3367*

P. O. Address. *2223 St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.